



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E468135**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	15-02452		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

DATE OF COLLISION	10	01	2015	TIME (2400)	0649	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF <input type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	7400
20TH ST SE	MILE POST <input type="checkbox"/>	

DISTANCE	0 6 29	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE	D: 4253439467
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LAST NAME	RIVERA	FIRST NAME	OSCAR	MIDDLE INITIAL	A
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STREET NEW ADDRESS	8325 4TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583323
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	RIVEROA091JZ	STATE	WA	SEX	M	D.O.B. MDDYYYY	04	09	1991
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	1	NATURE OF INJURIES
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LICENSE PLATE #	ATC5758	STATE	WA	VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1995	MAKE	FORD	MODEL	ESCORT	STYLE	4W	VEHICLE TOWED <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	INSURANCE CO & POLICY #	LYNDON SOUTHERN INSURANCE LWAD004501
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	CITATION #	CHARGE
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VEHICLE LEGALLY STANDING <input checked="" type="checkbox"/>	UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE
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LAST NAME	HOLLISTON	FIRST NAME	AMELINDA	MIDDLE INITIAL	B
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STREET NEW ADDRESS	5702 140TH PL NE
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CITY	MARYSVILLE	ST	WA	ZIP	982716623
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HOLLIAB240RE	STATE	WA	SEX	F	D.O.B. MDDYYYY	12	05	1976
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	7	NATURE OF INJURIES
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LICENSE PLATE #	AHY3769	STATE	WA	VIN#	1C4RJFBG5CC232470
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	JEEP	MODEL	GRCHER	STYLE	4W	VEHICLE TOWED <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	INSURANCE CO & POLICY #	SAFECO P5557437
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	CITATION #	CHARGE
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VEHICLE LEGALLY STANDING <input checked="" type="checkbox"/>	OFFICER'S NAME (PRINT)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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OFFICER'S NAME (PRINT)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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PART A	3000-345-159 R (7/06)	PAGE 01 OF	3
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E468135**

CASE # **15-02452**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

UNIT #2 was stopped in traffic west bound about the 7400 block of 20th St SE and was struck from behind by UNIT #1. UNIT #1 had been traveling behind UNIT #2 in the backed-up morning traffic and failed to notice UNIT #2 had come to a stop. UNIT #1 struck UNIT #2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

10-02-15 08:29 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

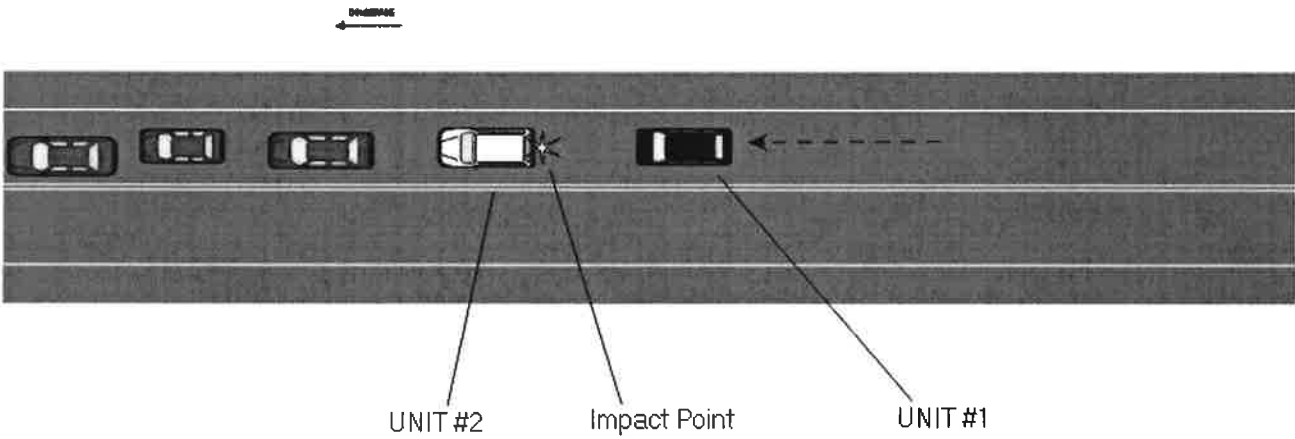
PLACE SIGNED

APPROVED BY
D. IRWIN 0105

DATE
10/6/2015 6:32:34 AM

BADGE OR ID #	105	ORI #	WA0311900	TIME POLICE DISPATCHED	6:51 AM	TIME POLICE ARRIVED	6:57 AM
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7400 Block 20th St SE



** not to scale **

35MPH

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

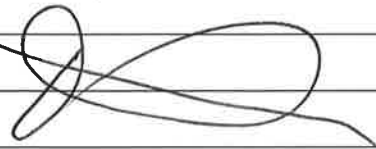
15-02452

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES	
	Holliston, Amelinda			F	12/5/76	38	5'11"		Black	Brown	
STREET ADDRESS		CITY		STATE		ZIP		RES. STATUS			
8702 140th Pl Ne		Marysville		Wa		98201					
HOME PHONE		CELL PHONE		PLACE OF EMPLOYMENT							
(425) 422-8235				Everett Clinic							
WORK PHONE		EMAIL ADDRESS									
(425) 339-5421		Aholliston76@hotmail.com									

I, Amelinda Holliston, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I had just come to a stop on 20th and was rear ended.



I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
Amelinda Holliston	10/1/15	Lake Stevens
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED
Det. D. J. W. N.	10/1/15	LAKE STEVENS, WA

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02452

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) River Oscar Andre	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 8325 4th St NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE N/A		CELL PHONE 425-345-9467		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving through traffic on 20th st. I looked down to grab something. When I looked up I had smashed into the Jeep that was in front of me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER: #105	DATE SIGNED 10/10/15	LOCATION SIGNED LAKE STEVENS WA

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PAGE 1 of 1

Incident History for: #SS15019773 Xref: #AG15003061

Case Numbers: \$SS15002452

Entered 10/01/15 06:50:40 BY SPCT06 SP0379
Dispatched 10/01/15 06:51:13 BY SPDP17 SP0120
Enroute 10/01/15 06:51:57
Onscene 10/01/15 06:57:09
Closed 10/01/15 07:34:17

Initial Type: AL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1317 Map Page: 397C-4 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/CAVALERO RD , LKS (V)

Loc Info: ON 20TH

Name: WSP

Addr:

Phone:

/0650 (SP0379) ENTRY , TROOPER W/ 2 VEH COL, NON BLK, 6 MO SUBJ INV, A
ID BEING ADV, DO WE WANT TO DISPATCH TOW OR HAVE
THEM DO IT?
/0651 (SP0291) SUPP LOCI: ON 20TH,
TXT: TROOPER ONScene WITH 6 WEEKS PREG FEM, CON/B
N, REQ EVAL
/0651 (SP0120) DISP 19D3 #SS130 RUTHERFORD, OFCR (RICH)
/0651 (SP0379) SUPP TXT: AID #AG3061
/0651 (SP0291) CROSS #AG15003061
/0651 (SP0120) ASST 19D1 #SS105 IRWIN, OFFICER (DENNIS)
/0651 (SP0291) SUPP TXT: INVOLVED IN MVA , BAL T/MVC
/0651 (SP0120) ENROUT 19D1
/0657 (SP0112) ONSCNE 19D1
/0657 ENROUT 19D3
/0659 (SS130) *ONSCNE 19D3
/0701 *CLEAR 19D3 D/D
/0704 (SP0112) ASNCAS 19D1 \$SS15002452
/0704 OK 19D1
/0709 CHANGE TYP: AL
---> COL
/0734 MISC 19D1 , 2 VEHs LEFT FOR PRIVATE TOWS
/0734 CLEAR 19D1 D/H
/0734 CLOSE 19D1